

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/13/2014
NAME OF PROVIDER OR SUPPLIER MARION GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 441 N WABASH AVE MARION, IN 46952		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This survey was for the investigation of one State complaint.</p> <p>Date of Survey: 8/13/2014</p> <p>Facility number: 005011</p> <p>Complaint number: IN 00152398</p> <p>Unsubstantiated: lack of sufficient evidence.</p> <p>Surveyors: Nancy Otten, RN Public Health Nurse Surveyor</p> <p>Linda Plummer, RN Public Health Nurse Surveyor.</p> <p>Marion General Hospital is in compliance with 410 IAC 15-1.5-6, Nursing services, Hospital Licensure Rules.</p> <p>QA: cloughlin 10/10/14</p>	S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of one (1) state complaint.</p> <p>Date of survey 10-2-13</p> <p>Facility number: 005011</p> <p>Complaint number: IN00131534</p> <p>Unsubstantiated: lack of sufficient evidence.</p> <p>Surveyor: Nancy Otten, RN, Public Health nurse Surveyor Linda Plummer, RN, Public Health Nurse Surveyor Marion General Hospital is in compliance with 410IAC 1.5-6, Nursing Services</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE